

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	1		1				51				
2		1		1			52				
3		1					53				
4		1		1			54				
5		1		1			55				
6		1		1			56				
7		6		1			57				
8		6		1			58				
9		1		1			59				
10		1		1			60				
11	1		1				61				
12	1		1				62				
13		1		1			63				
14		1		1			64				
15		1		1			65				
16		1		1			66				
17		1		1			67				
18		1		1			68				
19							69				
20							70				
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37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3		3				TOTAL IND.				
TOTAL DEP.	25		14				TOTAL DEP.				
TOTAL CLAIMS	28		17				TOTAL CLAIMS				